



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

HB2650

by Rep. Cynthia Soto

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f

Amends the Medical Assistance Article of the Illinois Public Aid Code. Removes a provision requiring the Department of Healthcare and Family Services to (i) establish benchmarks for hospitals to measure and align payments to reduce potentially preventable hospital readmissions, inpatient complications, and unnecessary emergency room visits; (ii) consider items, including, but not limited to, historic and current acuity of care and historic and current trends in readmission; (iii) publish provider-specific historical readmission data and anticipated potentially preventable targets 60 days prior to the start of the program; and (iv) in the instance of readmissions, adopt policies and rates of reimbursement for services and other payments provided under the Code to ensure that, by June 30, 2013, expenditures to hospitals are reduced by, at a minimum, \$40,000,000. Effective immediately.

LRB099 08497 KTG 28653 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 5-5f as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical  
8 assistance services. Notwithstanding any other provision of  
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following services shall no longer be a covered  
11 service available under this Code: group psychotherapy for  
12 residents of any facility licensed under the Nursing Home  
13 Care Act or the Specialized Mental Health Rehabilitation  
14 Act of 2013; and adult chiropractic services.

15 (b) The Department shall place the following  
16 limitations on services: (i) the Department shall limit  
17 adult eyeglasses to one pair every 2 years; (ii) the  
18 Department shall set an annual limit of a maximum of 20  
19 visits for each of the following services: adult speech,  
20 hearing, and language therapy services, adult occupational  
21 therapy services, and physical therapy services; on or  
22 after October 1, 2014, the annual maximum limit of 20  
23 visits shall expire but the Department shall require prior

1 approval for all individuals for speech, hearing, and  
2 language therapy services, occupational therapy services,  
3 and physical therapy services; (iii) the Department shall  
4 limit adult podiatry services to individuals with  
5 diabetes; on or after October 1, 2014, podiatry services  
6 shall not be limited to individuals with diabetes; (iv) the  
7 Department shall pay for caesarean sections at the normal  
8 vaginal delivery rate unless a caesarean section was  
9 medically necessary; (v) the Department shall limit adult  
10 dental services to emergencies; beginning July 1, 2013, the  
11 Department shall ensure that the following conditions are  
12 recognized as emergencies: (A) dental services necessary  
13 for an individual in order for the individual to be cleared  
14 for a medical procedure, such as a transplant; (B)  
15 extractions and dentures necessary for a diabetic to  
16 receive proper nutrition; (C) extractions and dentures  
17 necessary as a result of cancer treatment; and (D) dental  
18 services necessary for the health of a pregnant woman prior  
19 to delivery of her baby; on or after July 1, 2014, adult  
20 dental services shall no longer be limited to emergencies,  
21 and dental services necessary for the health of a pregnant  
22 woman prior to delivery of her baby shall continue to be  
23 covered; and (vi) effective July 1, 2012, the Department  
24 shall place limitations and require concurrent review on  
25 every inpatient detoxification stay to prevent repeat  
26 admissions to any hospital for detoxification within 60

1 days of a previous inpatient detoxification stay. The  
2 Department shall convene a workgroup of hospitals,  
3 substance abuse providers, care coordination entities,  
4 managed care plans, and other stakeholders to develop  
5 recommendations for quality standards, diversion to other  
6 settings, and admission criteria for patients who need  
7 inpatient detoxification, which shall be published on the  
8 Department's website no later than September 1, 2013.

9 (c) The Department shall require prior approval of the  
10 following services: wheelchair repairs costing more than  
11 \$400, coronary artery bypass graft, and bariatric surgery  
12 consistent with Medicare standards concerning patient  
13 responsibility. Wheelchair repair prior approval requests  
14 shall be adjudicated within one business day of receipt of  
15 complete supporting documentation. Providers may not break  
16 wheelchair repairs into separate claims for purposes of  
17 staying under the \$400 threshold for requiring prior  
18 approval. The wholesale price of manual and power  
19 wheelchairs, durable medical equipment and supplies, and  
20 complex rehabilitation technology products and services  
21 shall be defined as actual acquisition cost including all  
22 discounts.

23 (d) (Blank). ~~The Department shall establish benchmarks~~  
24 ~~for hospitals to measure and align payments to reduce~~  
25 ~~potentially preventable hospital readmissions, inpatient~~  
26 ~~complications, and unnecessary emergency room visits. In~~

1 ~~doing so, the Department shall consider items, including,~~  
2 ~~but not limited to, historic and current acuity of care and~~  
3 ~~historic and current trends in readmission. The Department~~  
4 ~~shall publish provider specific historical readmission~~  
5 ~~data and anticipated potentially preventable targets 60~~  
6 ~~days prior to the start of the program. In the instance of~~  
7 ~~readmissions, the Department shall adopt policies and~~  
8 ~~rates of reimbursement for services and other payments~~  
9 ~~provided under this Code to ensure that, by June 30, 2013,~~  
10 ~~expenditures to hospitals are reduced by, at a minimum,~~  
11 ~~\$40,000,000.~~

12 (e) The Department shall establish utilization  
13 controls for the hospice program such that it shall not pay  
14 for other care services when an individual is in hospice.

15 (f) For home health services, the Department shall  
16 require Medicare certification of providers participating  
17 in the program and implement the Medicare face-to-face  
18 encounter rule. The Department shall require providers to  
19 implement auditable electronic service verification based  
20 on global positioning systems or other cost-effective  
21 technology.

22 (g) For the Home Services Program operated by the  
23 Department of Human Services and the Community Care Program  
24 operated by the Department on Aging, the Department of  
25 Human Services, in cooperation with the Department on  
26 Aging, shall implement an electronic service verification

1 based on global positioning systems or other  
2 cost-effective technology.

3 (h) Effective with inpatient hospital admissions on or  
4 after July 1, 2012, the Department shall reduce the payment  
5 for a claim that indicates the occurrence of a  
6 provider-preventable condition during the admission as  
7 specified by the Department in rules. The Department shall  
8 not pay for services related to an other  
9 provider-preventable condition.

10 As used in this subsection (h):

11 "Provider-preventable condition" means a health care  
12 acquired condition as defined under the federal Medicaid  
13 regulation found at 42 CFR 447.26 or an other  
14 provider-preventable condition.

15 "Other provider-preventable condition" means a wrong  
16 surgical or other invasive procedure performed on a  
17 patient, a surgical or other invasive procedure performed  
18 on the wrong body part, or a surgical procedure or other  
19 invasive procedure performed on the wrong patient.

20 (i) The Department shall implement cost savings  
21 initiatives for advanced imaging services, cardiac imaging  
22 services, pain management services, and back surgery. Such  
23 initiatives shall be designed to achieve annual costs  
24 savings.

25 (j) The Department shall ensure that beneficiaries  
26 with a diagnosis of epilepsy or seizure disorder in

1 Department records will not require prior approval for  
2 anticonvulsants.

3 (Source: P.A. 97-689, eff. 6-14-12; 98-104, Article 6, Section  
4 6-240, eff. 7-22-13; 98-104, Article 9, Section 9-5, eff.  
5 7-22-13; 98-651, eff. 6-16-14; 98-756, eff. 7-16-14.)

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.